

(1) PLACE OF BIRTH

County of Horry
 Township of Conway
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

4215

Registration District No. 2502 Registered No. 18
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Agnes S. Tucker If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Previous Married Yes (7) DATE OF BIRTH Feb 21 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chas N. Tucker

(9) PRESENT POSTOFFICE OF FATHER Conway S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy S. Tucker

(15) PRESENT POSTOFFICE OF MOTHER Conway S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at Conway S.C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. L. Dyer

(23) State whether Physician or Midwife (24) Address of Physician or Midwife Conway S.C.

Given name added from a supplemental report

Janie Sawyer
May 10 1923

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Feb 24 1923 (27) J. L. Dyer Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.